

SOUTH DAKOTA BOARD OF ACCOUNTANCY

301 East 14th Street Suite 200
Sioux Falls, SD 57104
605.367.5770

FOR OFFICE USE ONLY
CPA Certificate # _____
Date Issued _____
WEB ID & Password _____

APPLICATION FOR RECIPROCAL CERTIFICATE

INSTRUCTIONS

- 1. When completing this form, type or print legibly.
- 2. Attach fee of \$50 (include a \$50 late fee if applying after 90 days of becoming eligible for a certificate). Make checks payable to the South Dakota Board of Accountancy.
- 3. Sign an "Authorization for Interstate Exchange of Examination and Licensure Information" form and send it to your home Board so they can complete and forward it to our office.

1. (a) Name in Full

First Middle Last

(b) Social Security Number (c) Other Names Known By (d) Male Female

The disclosure of the applicant's social security number is mandatory pursuant to 42USCA 666, Title IV-D of the Social Security Act. This licensing board will keep the applicant's social security number confidential, except that the number may be provided to the Dept. of Social Services for use in administering Title IV-D of the Social Security Act.

2. (a) Residence Address

Street/Box Number City State Zip + Four

(b) Residence Phone Number E-Mail

3. (a) Employer

(b) Address

Street/Box Number City State Zip + Four

(c) Phone Number E-Mail

4. (a) Place of Birth

City State

(b) Date of Birth

5. MORAL CHARACTER DATA:

If you answer "Yes" to any of the questions below, you must provide a certified copy of the court records or a certified copy of applicable license or disciplinary records with a statement of explanation with this application.

- yes no Have you been charged, arrested, convicted, found guilty of, received a prayer for judgment continued, or pleaded nolo contendere to any criminal offense (excluding non-criminal traffic infractions)?
- yes no Have you had an application for a certificate or license denied or a certificate or license suspended, canceled, or revoked by any state or federal agency, or governing or licensing board?
- yes no Have you been investigated, charged, or disciplined; or are you currently under investigation by a governing or licensing board or by a state or federal agency or the AICPA or any state CPA society?
- yes no Have you been party to any civil suit, bankruptcy action, administrative proceeding, or binding arbitration; the basis of which is grounded upon an allegation of negligence, dishonesty, fraud, misrepresentation, or incompetence?

6. List all states you are licensed in now or have been licensed in the past

7. Completion of a professional ethics exam is a requirement for the South Dakota CPA certificate. If you have not completed an ethics course, you must order and complete this course. Please provide the following information regarding an ethics course:

Completion documentation enclosed or date submitted to AICPA

Indicate which state ethics course was taken and passed in:

8. "Is your spouse an active duty member of the armed forces?"

If yes, is your spouse subject to military transfer to South Dakota, and did you leave employment to accompany your spouse to South Dakota? "" "

CERTIFIED TRUE STATEMENT

I, the undersigned, as an applicant for a certificate of Certified Public Accountant, certify under penalties of perjury to the truth and accuracy of all statements, answers and representations made in the foregoing application, including any supplemental statements. I have read Chapter 36-20B of the South Dakota Statutes and the rules of the South Dakota Board of Accountancy and agree to abide by them. I understand the fee for a certificate is \$50 and is payable with the application. I hereby authorize all colleges and universities, my references, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Board of Accountancy any information, files or records requested by the Board in connection with the processing of this application.

Signature _____ Date _____